OMB No. 0648-0090 Expires: 6/30/2004

## FISHING VESSEL CCF APPLICATION Date: CCF Applicant Name: Taxable Entity type: Q Individual Q C-Corporation Q S-Corporation Q Partnership CCF application for the taxable year ending: (date) Social Security/Employer Identification Number: Estimated initial CCF deposit attributable to Schedule A vessel(s) from: Fishing Income \$\_\_\_\_\_\_ Sale/Insurance Proceeds \$\_\_\_\_\_\_, Depreciation \$\_\_\_\_\_\_ Name and Address of each CCF depository (bank, brokerage, etc.) to be used: The following checked items are attached as a part of this application: (Note: \*Required \*\*See instructions) \*NOAA Form 88-14, Interim Capital Construction Fund Agreement (2 signed forms) \*Completed Schedule A and Schedule B forms \*\*Evidence of ownership for all Schedule A eligible vessels to be a part of this CCF Agreement \_\_\_ \*\*Evidence of lease for Schedule A vessel(s) \_\_\_ \*\*Proof of U.S. citizenship (if Schedule A vessel leased, or 2 - 5 net tons) \*\*Evidence of debt for Schedule B vessel \*Federal tax return copies as filed with IRS for previous 2 years \*\*Signed and dated copy of IRS Automatic Extension notice, and copy of IRS approved Additional Extension Request, if applicable to this taxable year application I hereby give permission to the administrators of my Capital Construction Fund Agreement to release and obtain any information about the CCF Agreement from the following representative: Representative (Name, Firm, etc.)\_\_\_\_ Phone ( ) FAX Phone ( ) Mail all CCF correspondence to: My Address \_\_\_\_ My Representative \_\_\_\_ Both \_\_\_\_ Applicant's Signature and Title Address: Phone ( ) FAX Phone ( )